



# New England High Intensity Drug Trafficking Area

## Course Enrollment Registration Form

**(Please fill out completely!)**

Course Name:	<b>Interviews &amp; Body Language Techniques</b>	Date(s)	<b>August 1, 2011</b>
Location:	<b>NEHIDTA Training Room , 13 Branch St., Suite 9, Methuen, MA 01844</b>		

First Name	Arrest Authority:	<b>Social Security #- last 4 digits only</b>	
Last Name	<input type="radio"/> YES		
M.I.	<input type="radio"/> NO		
	email		

Parent Agency (What agency signs your check? Spell Out)	Your Rank/Title-Spell Out. ( If none , type none)
<input style="width: 100%; height: 40px;" type="text"/>	

Job Mailing Address-(Spell out)		Phone Number		
Agency	<input style="width: 100%; height: 40px;" type="text"/>			
Address	<input style="width: 100%; height: 40px;" type="text"/>			
City	<input style="width: 100px; height: 40px;" type="text"/>	<input style="width: 100px; height: 40px;" type="text"/>	Zip Code	Other Number

Does your Agency participate in a HIDTA Initiative?		Parent Agency is: <input style="width: 150px; height: 40px;" type="text"/>
<input type="radio"/> Yes	Initiative Name <input style="width: 150px; height: 40px;" type="text"/>	

### Section below must be completed by Supervisor

Approved by: (Supervisor's First name, MI, Last name)	Supervisor's Signature:
<input style="width: 100%; height: 80px;" type="text"/>	
Rank/Title:	Title:
<input style="width: 100%; height: 40px;" type="text"/>	
Agency and Address:	Telephone:
<input style="width: 100%; height: 40px;" type="text"/>	

Please **fax this Registration Form** to Cynthia Kahrman at **978-691-2510**.  
A hard copy or fax **must be received with supervisor's approval before confirmation is sent.**  
**A confirmation letter will be sent as a reminder 2-3 weeks prior to the class.**